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12/02/00
1c-970 U.S. PTO

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09/12/95
12/02/00

PATENT

Attorney Docket No. BON-4363

BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s):

PETER M. BONUTTI

For (title): **TRACHEAL INTUBINATION**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

122 Pages of specification

1 Pages of Abstract

76 Pages of claims

14 Sheets of drawing

☒ formal

☐ informal

In addition to the above papers there is also attached:

☒ Information Disclosure Statement

☒ References Cited

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date DECEMBER 1, 2000 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EF163919645US addressed to the: Commissioner of Patents and Trademarks, Washington D.C. 20231

INELL MAHONE

(Type or print name of person mailing paper)

Inell Mahone
(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (UNEXECUTED)
☐ Not Enclosed.

3. Language:

- ☒ English
☐ Non-English
☐ A verified English translation of the
☐ specification and claims
☐ declaration
is attached.

4. Assignment:

- ☐ An assignment of the invention to _____

☐ is attached.
☐ will follow.

5. Certified Copy:

Certified copy(ies) of application(s)

(Country)	(appln. no.)	(filed)
(Country)	(appln. no.)	(filed)
(Country)	(appln. no.)	(filed)

from which priority is claimed

- ☐ is attached
☐ will follow

EXPRESS MAIL LABEL NO. EF163919645US

6. **Fee Calculation:**
(Small entity filing fee is 50% normal fee)

CLAIMED AS FILED					
Number Filed	Number Extra		Rate		Basic Fee
					\$355.00
Total Claims	242	-20 =	222	X	9.00
					1,998.00
Independent Claims	24	-3 =	21	X	40.00
					840.00
Multiple dependent claim(s), if any +					

- ☐ Amendment canceling extra claims enclosed
☐ Amendment deleting multiple dependencies enclosed
☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation \$ **3,193.00**

7. **Small Entity Statement:**

- ☒ I verify that this application is being filed by a small entity under 37 CFR 1.9 and 1.27

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee \$ **3,193.00**
☐ assignment recordal fee \$ _____
☐ for processing an application with a specification in a non-English language \$ _____

Total fees enclosed \$ **3,193.00**

9. **Method of Payment of Fees:**

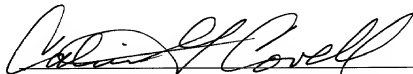
- ☒ check in the amount of \$ **3,193.00** is enclosed.
☒ The Commissioner is hereby authorized to charge any DEFICIENCY in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, Reg. No **24,042**

CALVIN G. COVELL

Type or print name of attorney

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